Case 16-25266 Doc 1 Filed 08/05/16 Entered 08/05/16 15:42:30 Desc Main Document Page 1 of 56

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	First name C Middle name Crump Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5693	

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Case number (if known)

Debtor 1 Kimberly C Crump

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	2733 Walnut	If Debtor 2 lives at a different address:
		Blue Island, IL 60406 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Cook	Number, Street, City, State & ZIF Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
ò.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Kimberly C Crump

Part	2: Tell the Court About	Your B	ankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7						
		□с	hapter 11					
		□с	hapter 12					
		□с	hapter 13					
8.	How you will pay the fee	•	about how yo	u may pay. Ty attorney is sub	pically, if you are payi	ng the fee yourself, yo	clerk's office in your local co u may pay with cash, cashie ttorney may pay with a credi	r's check, or money
		☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A).						Individuals to Pay
							ou are filing for Chapter 7. By	
			applies to you	ur family size a	ind you are unable to p	pay the fee in installme	e is less than 150% of the off ents). If you choose this optic	n, you must fill out
			the Application	on to Have the	Chapter 7 Filing Fee \	Waived (Official Form	103B) and file it with your per	tition.
9.	Have you filed for bankruptcy within the	■ No						
	last 8 years?	☐ Ye	es.					
			District		Whe	-		
			District		Whe		Case number	
			District		Whe	n	Case number	
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is	□ Ye						
	not filling this case with you, or by a business partner, or by an affiliate?							
			Debtor				Relationship to you	
			District		Whe	n	Case number, if known	
			Debtor				Relationship to you	
			District		Whe	n	Case number, if known	
11.	Do you rent your residence?	■ No	Go to I	ine 12.				
	. John College	□Ye	es. Has yo	ur landlord ob	tained an eviction judg	ment against you and	do you want to stay in your	residence?
				No. Go to line	e 12.			
				Yes. Fill out II bankruptcy pe		an Eviction Judgment	Against You (Form 101A) ar	nd file it with this

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Document Page 4 of 56 Case number (if known) Debtor 1 Kimberly C Crump Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any

property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Kimberly C Crump

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2	(Spouse	Only in a	Joint	Case):
-----------------------	---------	-----------	-------	--------

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Kimberly C Crum	o	Document	Page 6 of 56	Case number (if known)			
Part			ortina Purposes					
	What kind of debts do you have?	16a. A ı				U.S.C. § 101(8) as "incurred by an		
	•		No. Go to line 16b.					
			Yes. Go to line 17.					
			re your debts primarily business noney for a business or investment					
			No. Go to line 16c.					
			Yes. Go to line 17.					
		16c. St	tate the type of debts you owe that	are not consumer debt	s or business debts			
17.	Are you filing under Chapter 7?	□ No. I a	am not filing under Chapter 7. Go to	o line 18.				
	Do you estimate that after any exempt property is excluded and		am filing under Chapter 7. Do you e re paid that funds will be available t			cluded and administrative expenses		
	administrative expenses are paid that funds will		No					
	be available for distribution to unsecured creditors?] Yes					
18.	How many Creditors do you estimate that you owe?	1 -49		1 ,000-5,000		25,001-50,000		
		50-99		□ 5001-10,000 □ 10,001-25,000		50,001-100,000 More than100,000		
		☐ 100-199 ☐ 200-999	•					
19.	How much do you	\$0 - \$50 ,	,000	□ \$1,000,001 - \$10 mil	llion	\$500,000,001 - \$1 billion		
	estimate your assets to be worth?	\$50,001	Ψ100,000	□ \$10,000,001 - \$50 n □ \$50,000,001 - \$100 ı		\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion		
			. 4000,000	□ \$100,000,001 - \$1001 □ \$100,000,001 - \$500		More than \$50 billion		
20.	How much do you estimate your liabilities	\$0 - \$50 ,		□ \$1,000,001 - \$10 mil		\$500,000,001 - \$1 billion		
	to be?	\$50,001	Ψ100,000	□ \$10,000,001 - \$50 n □ \$50,000,001 - \$100 ı		\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion		
			. 4000,000	□ \$100,000,001 - \$500		More than \$50 billion		
Part	7: Sign Below							
For	you	I have exam	nined this petition, and I declare und	der penalty of perjury th	at the information pro	ovided is true and correct.		
				am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, of available under each chapter, and I choose to proceed under Chapter 7.				
			ey represents me and I did not pay of have obtained and read the notice			ney to help me fill out this		
		I request rel	request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		bankruptcy of and 3571.	derstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a cruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 3571.					
		/s/ Kimber Kimberly (rly C Crump C Crump	Signatu	ure of Debtor 2			
		Signature of		Ç				
		Executed or	August 5, 2016 MM / DD / YYYY	Execut	ed on MM / DD / Y	VVV		
					17 / UU / 1	1 1 1		

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Debtor 1 Kimberly C Crump Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jessica	Bentz Holguin	Date	August 5, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
Jessica Be	entz Holguin		
Printed name			
Bentz Holg	guin Law Firm, LLC		
Firm name	·		
100 North	LaSalle Street		
Suite 812			
Chicago, I	L 60602		
Number, Street,	City, State & ZIP Code		
Contact phone	312.881.5112	Email address	JHolguin@BentzHolguinLaw.com
6295877			
Bar number & St	tate		

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		Docume	ent Page 8 of 56	
Fill in this infor	mation to identify your	case:		
Debtor 1	Kimberly C Crum	р		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
if known)				☐ Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	8,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	20,061.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	28,061.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	34,052.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	8,819.04
	Your total liabilities	\$	42,871.04
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,628.55
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,580.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal,	family, or

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Kimberly C Crump

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,399.88

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim	
Trom rait 4 on ocheane Er, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Ca	ase 16-2526	6 Doc 1		08/05/16 ument	Entered 08/05/10 Page 10 of 56	6 15:42:30	Desc	: Main
Fill	in this infor	mation to identify	your case and th						
Deb	tor 1	Kimberly C	Crump						
-	40	First Name	Middle	e Name		Last Name			
	tor 2 use, if filing)	First Name	Middle	e Name		Last Name			
Jnit	ed States Ba	ankruptcy Court for	the: NORTHER	N DIST	RICT OF ILLII	NOIS			
Cas	e number								Check if this is an
						_		_	amended filing
SC n eachink	chedu	Be as complete and re space is needed,	roperty lescribe items. List accurate as possible	le. If two	married people	an asset fits in more than one e are filing together, both are e e top of any additional pages,	equally responsible	for supp	lying correct
Part	1: Describe	Each Residence, B	uilding, Land, or Ot	her Real	Estate You Ov	vn or Have an Interest In			
. Do	you own or	have any legal or eq	quitable interest in a	any resid	ence, building,	, land, or similar property?			
	No. Go to Pa	ırt 2.							
	Yes Where	is the property?							
1.1	Silver Lea	ad Resorts		What	is the property	y? Check all that apply	Do not deduct sec	ured claim	s or exemptions. Put
		lo Bronson Mer				lti-unit building	the amount of any	secured c	laims on Schedule D: Secured by Property.
	Street address	, if available, or other des	scription		Condominium	or cooperative	Creditors Who Ha	re Ciairis	Secured by 1 Toperty.
					Manufactured	or mobile home	Current value of t	he (Current value of the
	Kissimme		34747-0000		Land		entire property?	ı	oortion you own?
	City	State	ZIP Code	╚	Investment pr Timeshare	operty	\$8,000	0.00	\$8,000.00
				_	Other				r ownership interest by by the entireties, or
				Who	has an interest	t in the property? Check one	a life estate), if kr		by by the entireties, er
					Debtor 1 only				
	Osceola				Debtor 2 only				
	County				Debtor 1 and	Debtor 2 only f the debtors and another	Check if this		unity property
						r the debtors and another ou wish to add about this item	•	5)	
					erty identificati		., _ 20 40 10041		
_									
						from Part 1, including any			\$8,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Dok	otor 1	Case 16-25266	Doc 1	Filed 08/05/16 Document	Page 11 of 56	5/16 15:42:30 De	esc Main
	-	Kimberly C Crump s, trucks, tractors, spor		alaa matavayalaa		ase number (# known)	
		s, trucks, tractors, spor	t utility veril	cies, motorcycles			
	l No						
	Yes						
3.1	Make:	Chevrolet		Who has an interest in the	e property? Check one		laims or exemptions. Put ed claims on Schedule D:
	Model	Cruze		Debtor 1 only			ims Secured by Property.
	Year:	2016		Debtor 2 only		Current value of the	Current value of the
		ximate mileage:information:	6200	Debtor 1 and Debtor 2 of At least one of the debtor	•	entire property?	portion you own?
	Other	inionnation.		At least one of the debto	ors and another		
				Check if this is communicated (see instructions)	unity property	\$17,411.00	\$17,411.00
·t	oages yo	dollar value of the portion that the portion is a contracted for Parecribe Your Personal and Ho	rt 2. Write th	at number here			\$17,411.00
Do 6. H	you owr	n or have any legal or equivalent or equival	quitable inte	rest in any of the follow	ing items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
_	⊒ No	s. Major appliantees, ranni	aro, irrono, c	mina, Miorienware			
	Yes. [Describe					
		E. m.it.					\$1,200.00
		Furnitu	ire				\$1,200.00
	■ No				oment; computers, printe	ers, scanners; music collect	ions; electronic devices
<i>I</i>		les of value s: Antiques and figurines; other collections, memo			oks, pictures, or other ar	t objects; stamp, coin, or ba	aseball card collections;
	☐ Yes. [Describe					
I.		nt for sports and hobbie s: Sports, photographic, e musical instruments		other hobby equipment;	bicycles, pool tables, go	lf clubs, skis; canoes and k	ayaks; carpentry tools;
_	_	Describe					
_	Firearms Example ■ No	s es: Pistols, rifles, shotgun Describe	s, ammunitic	n, and related equipment	t		

		Case 16-2		Doc 1	Filed 08/05/16 Document	Page 12 of 56	Desc Main
De	ebtor 1	Kimberly C (Crump			Case number (if known)	
	□ No Î		othes, furs	s, leather coats	s, designer wear, shoes	, accessories	
			Clothir	ng			\$600.00
	■ No		welry, cos	tume jewelry,	engagement rings, wed	ding rings, heirloom jewelry, watches, gems,	gold, silver
	Examp ■ No	rm animals oles: Dogs, cats,	birds, hors	ses			
14.	Any oti ■ No				u did not already list, i	ncluding any health aids you did not list	
15			•		om Part 3, including a	ny entries for pages you have attached	\$1,800.00
Pa	rt 4: Des	scribe Your Finan	cial Assets	5			
Do	you ow	n or have any l	egal or ed	quitable intere	est in any of the follow	ring?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No				our home, in a safe depo	osit box, and on hand when you file your petit	ion
	Examp ☐ No	institutions.			I accounts; certificates of counts with the same ins	•	houses, and other similar
	Yes				mondation	a.i.e.	
			17.1.	Checking	US Bank		\$250.00
			17.2.	Savings	US Bank		\$600.00
18.		, mutual funds , oles: Bond funds,			cks ith brokerage firms, mor	ney market accounts	
				Institution or is	ssuer name:		
19.	joint v		ock and i	nterests in in	corporated and uninc	orporated businesses, including an intere	st in an LLC, partnership, and
	■ No	Give enseifie inf	ormation	about them			
	⊔ res.	Give specific info		about them ne of entity:		% of ownership:	
20.	Negoti	able instruments	include p	ersonal check		egotiable instruments missory notes, and money orders. by signing or delivering them.	

		Case 16-25266	Doc 1		Entered 08/05/16 15:42:30	Desc Main
D	ebtor 1	Kimberly C Crump		Document	Page 13 of 56 Case number (if known)	
			oout them er name:			
21.	Exam ■ No	List each account separatel	y.		s accounts, or other pension or profit-sharing	plans
	_		account:	Institution r	name:	
22.	Your	ity deposits and prepayme share of all unused deposits ples: Agreements with landlo	you have ma	de so that you may con rent, public utilities (elec	tinue service or use from a company ctric, gas, water), telecommunications compar	nies, or others
				Institution r	name or individual:	
23.	_	ties (A contract for a periodic	c payment of	money to you, either for	r life or for a number of years)	
	■ No □ Yes.	lssuer name	and descripti	on.		
24	Interes 26 U.S	ats in an education IRA, in a .C. §§ 530(b)(1), 529A(b), ar	an account i nd 529(b)(1).	n a qualified ABLE pro	ogram, or under a qualified state tuition pro	ogram.
	_	Institution na	me and desc	ription. Separately file th	ne records of any interests.11 U.S.C. § 521(c):	
25.		s, equitable or future intere	sts in prope	rty (other than anythin	g listed in line 1), and rights or powers exe	ercisable for your benefit
	■ No □ Yes.	Give specific information al	bout them			
26	Exam ■ No	ts, copyrights, trademarks, ples: Internet domain names Give specific information al	s, websites, pr			
27		ses, franchises, and other		naibles		
	Exam ■ No	ples: Building permits, exclusion	sive licenses,		n holdings, liquor licenses, professional licens	es
		Give specific information al	bout them			
M	oney or	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.		funds owed to you				
	■ No □ Yes.	Give specific information ab	oout them, inc	luding whether you alre	ady filed the returns and the tax years	
29	Exam ■ No	y support ples: Past due or lump sum a		usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
30.		amounts someone owes y ples: Unpaid wages, disabilit benefits; unpaid loans	ty insurance p		efits, sick pay, vacation pay, workers' compe	nsation, Social Security
	_	Give specific information				
31.		sts in insurance policies ples: Health, disability, or life	e insurance; h	ealth savings account (HSA); credit, homeowner's, or renter's insurar	nce

Debtor 1	Case 16-25266	Doc 1	Filed 08/05/16 Document	Entered 08/05/16 15:42:30 Page 14 of 56 Case number (if known)	Desc Main
Debior	Kimberly C Crump			Case number (ii known)	
☐ Yes.	Name the insurance compa Com	any of each po pany name:	licy and list its value.	Beneficiary:	Surrender or refund value:
If you a some of	terest in property that is dare the beneficiary of a livin one has died. Give specific information			ed surance policy, or are currently entitled to rece	eive property because
Examp ■ No	s against third parties, who oles: Accidents, employmen Describe each claim			it or made a demand for payment s to sue	
■ No	contingent and unliquidat	ed claims of o	every nature, includin	g counterclaims of the debtor and rights to	set off claims
■ No	nancial assets you did not Give specific information	already list			
				ny entries for pages you have attached	\$850.00
Part 5: De	scribe Any Business-Related	Property You (Own or Have an Interest I	In. List any real estate in Part 1.	
37. Do vou 6	own or have any legal or equi	table interest in	n anv business-related p	roperty?	
	to Part 6.		,		
☐ Yes. 0	Go to line 38.				
	scribe Any Farm- and Comme			n or Have an Interest In.	
46. Do yo u	ı own or have any legal or	equitable int	terest in any farm- or o	commercial fishing-related property?	
■ No.	Go to Part 7.				
☐ Yes	s. Go to line 47.				
Part 7:	Describe All Property You	Own or Have ar	n Interest in That You Dic	d Not List Above	
_Exam _l	u have other property of an oles: Season tickets, country				
■ No □ Yes.	Give specific information				
54. Add t	the dollar value of all of yo	our entries fro	om Part 7. Write that n	umber here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 Kimberly C Crump

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$8,000.00
56.	Part 2: Total vehicles, line 5	\$17,411.00		
57.	Part 3: Total personal and household items, line 15	\$1,800.00		
58.	Part 4: Total financial assets, line 36	\$850.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$20,061.00	Copy personal property total	\$20,061.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$28,061.00

Official Form 106A/B Schedule A/B: Property page 6

	Ca	se 16-25266 l	Doc 1 Filed 08/05/1 Document		Entered 08/05/16 15:42: Page 16 of 56	30	Desc Main
Fil	l in this inform	nation to identify your			7aue 10 01 30		
De	ebtor 1	Kimberly C Crum	p				
_	h t O	First Name	Middle Name	L	ast Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name		
Un	nited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT OF I	LLIN	OIS		
	ase number						☐ Check if this is an amended filing
		rm 106C e C: The Pro	operty You Cla	im	as Exempt		4/16
the nee	property you lis	sted on <i>Schedule A/B: I</i> d attach to this page as	Property (Official Form 106A/B)	as yo	ther, both are equally responsible for our source, list the property that you c age as necessary. On the top of any a	aim as	exempt. If more space is
spe any fun exe	ecific dollar and applicable standard applicable standard applicable standard applicable	nount as exempt. Alter atutory limit. Some ex nlimited in dollar amo	rnatively, you may claim the fu emptions—such as those for unt. However, if you claim an	ıll fai heal exen	ount of the exemption you claim. O ir market value of the property bein th aids, rights to receive certain be nption of 100% of fair market value determined to exceed that amount,	g exen nefits, under	npted up to the amount of and tax-exempt retirement a law that limits the
Pa	rt 1: Identif	y the Property You Cla	aim as Exempt				
1.	Which set of	exemptions are you c	laiming? Check one only, even	if yo	our spouse is filing with you.		
	■ You are cla	aiming state and federal	nonbankruptcy exemptions. 1	1 U.S	S.C. § 522(b)(3)		
	☐ You are cla	aiming federal exemptio	ns. 11 U.S.C. § 522(b)(2)				
2.	For any prop	erty you list on <i>Sche</i> d	lule A/B that you claim as exe	mpt,	fill in the information below.		
		on of the property and lin	e on Current value of the portion you own	Am	ount of the exemption you claim	Specific	laws that allow exemption
	Schedule A/D	mat note tine property	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	Furniture		\$1,200.00	_	\$1,200.00	735 IL	CS 5/12-1001(b)
	Line from Sch	nedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
	Clothing	nedule A/B: 11.1	\$600.00		\$600.00	735 IL	CS 5/12-1001(a)
	Line from SCA	leaule A/B. TT.T			100% of fair market value, up to any applicable statutory limit		
	Checking: l		\$250.00		\$250.00	735 IL	CS 5/12-1001(b)
	Line from Sch	nedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	Savings: US	S Bank nedule A/B: 17.2	\$600.00		\$600.00	735 IL	CS 5/12-1001(b)
	LINE HOIN SCI	iedule A/D. 11.2			100% of fair market value, up to any applicable statutory limit		

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes Case 16-25266 Doc 1 Filed 08/05/16 Entered 08/05/16 15:42:30 Desc Main Document

Page 17 of 56 Case number (if known) Debtor 1 Kimberly C Crump

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		Document P	<u>'age 18 c</u>	of 56		
Fill in this information	on to identify you	ır case:				
Debtor 1	Kimberly C Cru	mn				
_	irst Name	•	ast Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name La	st Name			
United States Bankru	intev Court for the	NORTHERN DISTRICT OF ILLING	DIS			
Ormod Otatoo Barmare	proy Court for the					
Case number						
(if known)					☐ Check	if this is an
					amend	ed filing
O#: =: = 1 = = = = 4	000					
Official Form 1	<u>06D</u>					
Schedule D:	Creditors	Who Have Claims Se	cured	by Propert	У	12/15
		If two married people are filing together, b out, number the entries, and attach it to th				
number (if known).		,		, , , , , , , , , , , , , , , , , , , ,		
1. Do any creditors hav	e claims secured by	y your property?				
□ No. Check this	s box and submit the	his form to the court with your other sch	edules. You	have nothing else t	o report on this form.	
Vec Fill in all	of the information	helow		· ·	·	
		below.				
Part 1: List All Se	cured Claims			Column A	Column B	Column C
		more than one secured claim, list the creditor				
		a particular claim, list the other creditors in lical order according to the creditor's name.	Part 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	•			value of collateral.	claim	if any
2.1 Regional Acc	eptance Co	Describe the property that secures the o	claim:	\$20,497.00	\$17,411.00	\$3,086.00
Creditor's Name		2016 Chevrolet Cruze 6200 mile	S			
Attn: Bankru		As of the date you file, the claim is: Chec	 ck all that			
266 Beacon A Winterville, N		apply.				
-		☐ Contingent				
Number, Street, City	, State & Zip Code	☐ Unliquidated				
Who owes the debt?	Charlena	☐ Disputed Nature of lien. Check all that apply.				
_	Check one.					
Debtor 1 only		An agreement you made (such as mort car loan)	gage or secure	ed		
☐ Debtor 2 only		_				
Debtor 1 and Debtor	•	☐ Statutory lien (such as tax lien, mechan	iic's lien)			
At least one of the de		☐ Judgment lien from a lawsuit				
Check if this claim	relates to a	Other (including a right to offset)				
community debt						
	Opened					
	4/01/16					
	Last Active		0004			
Date debt was incurred	5/26/16	Last 4 digits of account number	8301			
2.2 Silverleaf Re	sorts Inc.	Describe the property that secures the o	claim:	\$13,555.00	\$8,000.00	\$5,555.00
Creditor's Name		Silver Lead Resorts 8505 W Irlo				
		Bronson Memorial Hwy Kissim	mee,			
		FL 34747 Osceola County As of the date you file, the claim is: Chec	ok all that			
PO Box 358		apply.	жантпас			
Dallas, TX 75	221	☐ Contingent				
Number, Street, City	, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		An agreement you made (such as mort	gage or secure	ed		
Debtor 2 only		car loan)				
Debtor 1 and Debtor		☐ Statutory lien (such as tax lien, mechan	ic's lien)			
☐ At least one of the de	ebtors and another	☐ Judgment lien from a lawsuit				

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Debtor 1	Kimberly (C Crump			Case number (if know)	
	First Name	Middle Name	e Last Name	_		
	if this claim re nunity debt	elates to a	Other (including a right to offset)	Timeshare		
Date debt	was incurred	3/2014	Last 4 digits of account nun	nber <u>4E19</u>		
					42.000	
		•	ımn A on this page. Write that nur		\$34,052.0	00
	the last page of the last number here		e dollar value totals from all pages	3.	\$34,052.0	00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document	Page 2	0 of 56	_	
Fill in this	information to identify your c	ase:				
Debtor 1	Kimberly C Crump					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS			
Case num	ber					
(if known)						Check if this is an
					a	mended filing
Official	Form 106E/F					
	ule E/F: Creditors WI	ho Have Unsecured	Claims			12/15
	lete and accurate as possible. Use			Part 2 for creditors with NO	NPRIORITY clai	
schedule G schedule D eft. Attach	ory contracts or unexpired leases t : Executory Contracts and Unexpir : Creditors Who Have Claims Secu the Continuation Page to this page ase number (if known).	red Leases (Official Form 106G). I red by Property. If more space is	Do not include needed, copy	any creditors with partially the Part you need, fill it out	secured claims , number the en	that are listed in tries in the boxes on the
	List All of Your PRIORITY Uns					
-	creditors have priority unsecured	claims against you?				
	Go to Part 2.					
☐ Yes	•					
Part 2:	List All of Your NONPRIORITY	/ Unsecured Claims				
	r creditors have nonpriority unsecu					
☐ No.	You have nothing to report in this pa	rt. Submit this form to the court with	your other sche	edules.		
Yes	i.					
unsecu	of your nonpriority unsecured claired claim, list the creditor separately le creditor holds a particular claim, lis	for each claim. For each claim listed	d, identify what t	type of claim it is. Do not list of	claims already inc	cluded in Part 1. If more
						Total claim
4.1 A	dvocate Medical Group	Last 4 digits of acc	ount number	8829		\$229.54
	onpriority Creditor's Name	When was the deb	t inquerod?			
	O Box 92523 hicago, IL 60675-2523	When was the dep	i incurreu r			-
	umber Street City State Zlp Code	As of the date you	file, the claim	is: Check all that apply		
W	ho incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	$oldsymbol{I}$ At least one of the debtors and anot		RITY unsecure	d claim:		
	Check if this claim is for a comm					
	the claim subject to offset?	☐ Obligations arisii report as priority cla		aration agreement or divorce	that you did not	
	No			ng plans, and other similar del	hts	
	l Yes	•	•			
_	i res	Other. Specify				-

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Debtor 1 Kimberly C Crump Case number (if know) 4.2 \$5,740.79 Capital One Bank Last 4 digits of account number 8322 Nonpriority Creditor's Name C/O Kramer & Frank PC When was the debt incurred? 9300 Dielman Industrial Dr. Saint Louis, MO 63132 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Debtor ☐ Yes CCS, Payment Processing Center 7697 \$20.13 4.3 Last 4 digits of account number 27 Nonpriority Creditor's Name PO Box 55126 When was the debt incurred? Boston, MA 02205 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Quest Disnostics** Other. Specify 4.4 Cda/Pontiac 0857 \$713.00 Last 4 digits of account number Nonpriority Creditor's Name Attn:Bankruptcy When was the debt incurred? Opened 6/01/15 Po Box 213 Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Pronger Smith Clinic ☐ Yes

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Debtor 1 Kimberly C Crump Case number (if know) \$100.00 4.5 City of Chicago Last 4 digits of account number 7910 Nonpriority Creditor's Name **Department of Finance** When was the debt incurred? PO Box 88292 Chicago, IL 60680 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 **Dental Experts LLC - Blue Island** 0808 Last 4 digits of account number \$52.80 Nonpriority Creditor's Name 12200 S Western Ave. Ste 108 When was the debt incurred? Blue Island, IL 60406 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.7 **Dwight D Eisenhower High School** 0340 \$849.50 Last 4 digits of account number Nonpriority Creditor's Name 12700 S Sacramento Ave. When was the debt incurred? Blue Island, IL 60406 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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	Killiberty C Crump		
4.8	Engelberg Law Group LLC Nonpriority Creditor's Name	Last 4 digits of account number 7161	\$0.00
	1 North LaSalle Street, Suite 650 Chicago, IL 60602	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other. Specify Winston v. Crump	
4.9	Malcom S Gerald & Assoc., Inc. Nonpriority Creditor's Name	Last 4 digits of account number 8823	\$229.54
	332 South Michigan Ave Suite 600	When was the debt incurred?	
	Chicago, IL 60604-4318		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans	
	☐ Check if this claim is for a community debt	_ *****	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Advocate Medical Group	
4.1 0	Metrosouth Medical Center	Last 4 digits of account number 2114	\$200.00
	Nonpriority Creditor's Name 12935 S Gregory	When was the debt incurred?	
	Blue Island, IL 60406-2428		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

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Silverleaf Resorts Inc.	Last 4 digits of account number 7853	\$683.7
Nonpriority Creditor's Name PO Box 203792 Dallas, TX 75320-3792	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
			6d.	· -	
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	ou.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Т	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.		6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	8,819.04
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	8,819.04

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Fill in this infor	mation to identify your	case:		
Debtor 1	Kimberly C Crum	р		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Tim Lynch
2733 Walnut
Blue Island, IL 60406

State what the contract or lease is for
Landlord

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		DUGUITE	<u> </u>	<u> </u>	
Fill in this in	formation to identify your				
Debtor 1	Kimberly C Crum	р			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILL INOIS		
Ormod Oldio	Barmaptoy Court for ano.		<u> </u>		
Case numbe (if known)	r			☐ Check if this is an	
				amended filing	
Official	Form 106H				
		obtors		40/41	_
Scheau	lle H: Your Cod	eptors		12/1	<u> </u>
■ No □ Yes 2. Withir Arizona, ■ No. G □ Yes. [California, Idaho, Louisiana, o to line 3. Did your spouse, former	I lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live	operty state or territory erto Rico, Texas, Washi e with you at the time?	y? (Community property states and territories include ington, and Wisconsin.) if your spouse is filing with you. List the person sho	
Form 10 out Colu	6D), Schedule E/F (Official ımn 2.			sure you have listed the creditor on Schedule D (Offi 6G). Use Schedule D, Schedule E/F, or Schedule G to	o fill
	olumn 1: Your codebtor me, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the del Check all schedules that apply:	ot
2.4				☐ Schedule D. line	
3.1 Na	me			Schedule D, line	
				☐ Schedule G, line	
Nu	mber Street			_	
Cit	y	State	ZIP Code		
					_
3.2 Na	me			□ Schedule D, line □ Schedule E/F, line	
				☐ Schedule E/F, line	
Nu	mber Street			_	
Cit		State	ZIP Code		

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Fill	in this information to identify your	rase.				I					
	otor 1 Kimberly C										
	otor 2	, , , , , , , , , , , , , , , , , , ,			_						
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS								
	se number 					Check if this is An amended A supplemental income	ed filing ent showing	g postpetition			
O	fficial Form 106I					MM / DD/		moving date.			
S	chedule I: Your Inc	ome				IVIIVI / DD/			12/15		
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you have separate sheet to this form. The describe Employment	are married and not filing wing spouse is not filing wing the top of any addition	ng jointly, and your th you, do not inclu	spouse i ide inforr	s liv natio	ing with you, incl on about your sp	ude inform ouse. If mo	nation about ore space is	your needed,		
1.	Fill in your employment		Debtor 1			Dobtor f	Debtor 2 or non-filing spouse				
	information. If you have more than one job,		■ Employed			□ Empl		ing spouse			
	attach a separate page with information about additional employers.	ach a separate page with Employment status*				•	mployed				
		Occupation	Registered Nur	se							
	Include part-time, seasonal, or self-employed work.	Employer's name	Advocate Home	e Health							
	Occupation may include student or homemaker, if it applies.	Employer's address	10201 S Cicero Oak Lawn, IL 60	-							
		How long employed the	- 7								
			*See Att	achment	for	Additional Emplo	yment Info	ormation			
	t 2: Give Details About Mo										
	mate monthly income as of the our unless you are separated.	date you file this form. If y	you have nothing to r	eport for	any l	ine, write \$0 in the	space. Inc	lude your no	n-filing		
	u or your non-filing spouse have me space, attach a separate sheet to		ombine the informatio	n for all e	mplo	oyers for that perso	on on the lir	nes below. If	you need		
						For Debtor 1		otor 2 or ng spouse			
2.	List monthly gross wages, sale deductions). If not paid monthly,			2.	\$	4,896.88	\$	N/A			
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	N/A			
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$	4,896.88	\$	N/A			

Official Form 106I Schedule I: Your Income page 1

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Debto	or 1	Kimberly C Crump	-	С	ase n	umber (if know	7)				
						Debtor 1		non-f	ebtor iling s	pouse	
	Cop	by line 4 here	4.		\$	4,896.8	8	\$		N/A	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	802.4	5	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$ —	0.0		\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c	:.	\$	0.0	0	\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d	l.	\$	0.0	0	\$		N/A	
	5e.	Insurance	5e		\$	446.9	2	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	0.0	_	\$		N/A	
	5g.	Union dues	5g	'	\$	0.0	_	\$		N/A	-
	5h.	Other deductions. Specify: Legal Plan	_ 5h	1.+	\$	18.9	6 -	+ \$		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	₿	1,268.3	3_	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	₿	3,628.5	5_	\$		N/A	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$	0.0	_	\$		N/A	
	8b.	Interest and dividends	8b).	\$	0.0	0_	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	·.	\$	0.0	0	\$		N/A	
	8d.	Unemployment compensation	8d	l.	\$	0.0	0	\$		N/A	•
	8e.	Social Security	8e) .	\$	0.0	0	\$		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.0		\$		N/A	-
	8g.	Pension or retirement income	8g	,	\$	0.0				N/A	
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	0.0	0 -	- \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.0	0	\$		N/A	X .
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3	,628.55 +	\$		N/A	= \$	3,628.55
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-		,020.00	Ť –		14/7	-	0,020.00
	Sta Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe						hedule 11.		0.00
		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	3,628.55
13.	Do	you expect an increase or decrease within the year after you file this form'	?								y income

Official Form 106I Schedule I: Your Income page 2

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Debtor 1	Kimberly C Crump	Case number (if known)	
----------	------------------	------------------------	--

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Registered Nurse	
Name of Employer	Siani Hospital	
How long employed		
Address of Employer	1500 S California Ave	
	Chicago, IL 60608	

Official Form 106I Schedule I: Your Income page 3

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Fill	in this informa	tion to identify yo	our case:			1				
	tor 1	Kimberly C (Ch	neck if t	hie ie:		
		Killiberry C C	rump					mended filing		
	tor 2 ouse, if filing)								ving postpetition chapter the following date:	
	, 0,							<u>'</u>		
Unit	ed States Bankr	uptcy Court for the	NORTH	IERN DISTRICT OF ILLIN	IOIS		MM	/ DD / YYYY		
1	e number									
(II KI	nown)									
Of	fficial Fo	rm 106J								
S	chedule	J: Your l	Exper	ises					12/	1
Be info	as complete a	and accurate as	possible. eded, atta	If two married people a ch another sheet to this						_
Par		ibe Your House	hold							
1.	Is this a joir									
	■ No. Go to	line 2. s Debtor 2 live i	n a senar	ate household?						
	□ N		n a sepan	ate nousenoia.						
			st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtor 2	•		
2.	Do you have	e dependents?	□ No							
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents	names.			Child			15	■ Yes	
					Child			16	□ No ■ Yes	
									■ res □ No	
					Child			19	■ Yes	
									□ No	
3.	Do your exp	enses include	_	No					☐ Yes	
		f people other tl d your depende	han 👝	Yes						
5				_						
exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						;
Incl	lude expense	s naid for with r	non-cash	government assistance i	if you know					
the		n assistance an		luded it on <i>Schedule I:</i>				Your expe	enses	
	-									
4.		or nome owners and any rent for the		ses for your residence. I r lot.	include first mortgage	e 4.	\$		1,200.00	
	If not includ	led in line 4:								
		estate taxes				4a.			0.00	
		rty, homeowner's	-	's insurance Ipkeep expenses		4b. 4c.			0.00	
		owner's associat				4d.			0.00	
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans		\$		0.00	

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1 Kimberl	y C Crump	Case num	ber (if known)	
tilities:				
	r. heat. natural gas	6a.	\$	350.00
	· · · · · · · · · · · · · · · · · · ·		· -	50.00
			·	250.00
			·	0.00
	•		·	600.00
			·	
			·	50.00
-	· · · · · · · · · · · · · · · · · · ·		· ·	150.00
				100.00
	•	11.	\$	50.00
		12	\$	200.00
			•	0.00
	tributions and religious donations	14.	Ф	0.00
	nourance deducted from your new or included in lines 4 or 90			
		150	¢	47.00
			·	17.00
			· -	0.00
				114.00
		15d.	\$	0.00
axes. Do not i	nclude taxes deducted from your pay or included in lines 4 or 20.			
		16.	\$	0.00
		17a.	\$	449.00
7b. Car paym	ents for Vehicle 2	17b.	\$	0.00
7c. Other. Sp	ecify:	17c.	\$	0.00
		17d.	\$	0.00
	-			
			\$	0.00
			\$	0.00
pecify:		19.		
ther real prop	perty expenses not included in lines 4 or 5 of this form or on Sch	nedule I: Yo	ur Income.	
				0.00
		20b.	\$	0.00
			· -	0.00
			·	0.00
	ier's association of condominium dues			0.00
tner: Specify:		21.	+\$	0.00
alculate vour	monthly expenses			
•	• •		s	3,580.00
	ě			3,300.00
			·	0.500.00
zc. Add line 22	ta and ZZD. The result is your monthly expenses.		\$	3,580.00
alculate vour	monthly net income.			
	12 (your combined monthly income) from Schedule I.	23a.	\$	3,628.55
•	12 13 car combined monthly moonly notification.			3,580.00
3a. Copy line	r monthly expenses from line 22c above			3,300.00
3a. Copy line	r monthly expenses from line 22c above.	23b.	Ψ	· · · · · · · · · · · · · · · · · · ·
3a. Copy line 3b. Copy you		230.		
3a. Copy line3b. Copy you3c. Subtract y	your monthly expenses from your monthly income.		·	48.55
3a. Copy line3b. Copy you3c. Subtract y		23c.	\$	48.55
3a. Copy line3b. Copy you3c. Subtract youThe result	your monthly expenses from your monthly income. t is your <i>monthly net income</i> .	23c.	\$	48.55
3a. Copy line3b. Copy you3c. Subtract your resulto you expect	your monthly expenses from your monthly income. t is your monthly net income. an increase or decrease in your expenses within the year after y	23c. ou file this	\$ form?	
3a. Copy line3b. Copy you3c. Subtract the resulto you expector example, do you	your monthly expenses from your monthly income. t is your <i>monthly net income</i> .	23c. ou file this	\$ form?	
3a. Copy line3b. Copy you3c. Subtract the resulto you expector example, do you	your monthly expenses from your monthly income. t is your monthly net income. an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you	23c. ou file this	\$ form?	
	tilities: a. Electricity b. Water, se c. Telephon d. Other. Sp ood and house childcare and electricity ledical and de ransportation to not include of netrainment, charitable con asurance. The insurance of the insurance. The insurance of the insurance of the insurance. The insurance of the insur	tillities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: ood and housekeeping supplies hidlcare and children's education costs lothing, laundry, and dry cleaning ersonal care products and services ledical and dental expenses ransportation. Include gas, maintenance, bus or train fare. o not include car payments. ntertainment, clubs, recreation, newspapers, magazines, and books haritable contributions and religious donations nsurance. o not include insurance deducted from your pay or included in lines 4 or 20. 5a. Life insurance 5b. Health insurance 5c. Vehicle insurance. Specify: axes. Do not include taxes deducted from your pay or included in lines 4 or 20. pecify: hatilment or lease payments: 7a. Car payments for Vehicle 1 7b. Car payments for Vehicle 2 7c. Other. Specify: 7d. Other yay on line 5, Schedule I, Your Income (Official Form 106I) wither payments of alimony, maintenance, and support that you did not report a educted from your pay on line 5, Schedule I, Your Income (Official Form 106I) wither payments you make to support others who do not live with you. pecify: wither real property expenses not included in lines 4 or 5 of this form or on Sch 0a. Mortgages on other property 0b. Real estate taxes 0c. Property, homeowner's, or renter's insurance 0d. Maintenance, repair, and upkeep expenses 0e. Homeowner's association or condominium dues wither: Specify: valculate your monthly expenses 2a. Add lines 4 through 21.	tilities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: cod and housekeeping supplies rhildcare and children's education costs d. Better and children's education costs diothing, laundry, and dry cleaning ersonal care products and services ledical and dental expenses ransportation. Include gas, maintenance, bus or train fare. on ont include car payments. netratiament, clubs, recreation, newspapers, magazines, and books haritable contributions and religious donations sururance. on tot include insurance deducted from your pay or included in lines 4 or 20. 5a. Life insurance 5b. Health insurance 5c. Vehicle insurance 5c. Vehicle insurance 5c. Vehicle insurance. Specify: axes. Do not include taxes deducted from your pay or included in lines 4 or 20. pecify: stallment or lease payments: 7a. Car payments for Vehicle 1 7b. Car payments for Vehicle 2 7c. Other. Specify: 7d.	tilities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: ood and housekeeping supplies d. Other. Specify: ood and housekeeping supplies d. Fildcare and children's education costs d. Other. Specify: ood and housekeeping supplies fildcare and children's education costs 8. \$ lothing, laundry, and dry cleaning 9. \$ ersonal care products and services 10. \$ lectical and dental expenses 11. \$ ransportation. Include gas, maintenance, bus or train fare. or not include car payments. reneful contributions and religious donations 11. \$ surrance. or not include insurance deducted from your pay or included in lines 4 or 20. 5a. Life insurance 5b. Health insurance 5c. Vehicle insurance 5c. Vehicle insurance. 5c. Vehicle insu

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Fill in this infor	mation to identify your	case:			
Debtor 1	Kimberly C Crum	0			
	First Name	Middle Name	Last Name		
Debtor 2	E: AN	ACT III AT			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
O(() : F	400D				
Official Forr			_		
Declarat	tion About a	n Individual	Debtor's So	chedules	12/15
If two married po	eople are filing together	, both are equally respor	nsible for supplying co	rrect information.	
You must file thi	is form whenever vou fi	le bankruptcy schedules	or amended schedules	s. Making a false stater	ment, concealing property, or
obtaining mone	y or property by fraud ir	n connection with a bank), or imprisonment for up to 20
years, or both. 1	8 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Sig	n Below				
Olg	II Delete				
Did you pa	y or agree to pay some	one who is NOT an attorr	nev to help you fill out	bankruptcy forms?	
, ,	.,g p,		,		
■ No					
□ Yes. I	Name of person			Attach Bankı	ruptcy Petition Preparer's Notice.
Ц					and Signature (Official Form 119)
Under pena	alty of periury. I declare	that I have read the sumr	mary and schedules file	ed with this declaration	n and
	e true and correct.		, and concadio in	and addidition	
Y /e/ Kin	nberly C Crump		X		
	erly C Crump		ASignature o	f Debtor 2	
	re of Debtor 1		2.3		

Date _____

Date August 5, 2016

Fill	in this inform	ation to identify you	r case:			
Deb	tor 1	Kimberly C Crun	Middle Name	Last Name		
Deb	tor 2	i list Name	Middle Name	Last Name		
(Spot	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ban	kruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINOIS		
Cas	e number					
(if kno	own)				-	Check if this is an
					a	imended filing
~ .	–	407				
	icial For				_	
Sta	tement	of Financial A	Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup	
		ore space is needed,). Answer every ques		this form. On the top of any	additional pages, write you	ur name and case
Pari	Cive D	, etails About Vour Ma	rital Status and Where You	Lived Refore		
				Lived Belole		
1.	wnat is your	current marital statu	IS?			
	Married					
	□ Not marr	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
					ity property state or territor; co, Texas, Washington and V	
	_	,	, ,	,	, ,	,
	■ No □ Yes. Mal	ko suro vou fill out Sok	andula H. Vaur Cadabtara (Ot	ficial Form 106H)		
	☐ Yes. Mai	ke sure you fill out Scr	nedule H: Your Codebtors (Of	niciai Form 106H).		
Par	2 Explain	the Sources of You	r Income			
4.	Did you have	any incomo from on	anloyment or from eneratin	a a business during this va	ar or the two previous cale	ndar voars?
	Fill in the total	amount of income yo	u received from all jobs and a have income that you receive	all businesses, including part-	time activities.	iluai years:
	□ No					
		in the details.				
	100.11	in the detaile.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
Fro	m January 1 o	of current year until	■ Wages, commissions,	\$40,123.00	☐ Wages, commissions,	
		for bankruptcy:	bonuses, tips	, .,	bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Case number (if known) Document

Debtor 1 Kimberly C Crump

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.		Gross income (before deductions and exclusions)
	or last calen anuary 1 to		31, 2015)	■ Wages, commissions, bonuses, tips	\$82,536.00	☐ Wages, commissi bonuses, tips	ons,	
				☐ Operating a business		☐ Operating a busin	ess	
	r the calend anuary 1 to			■ Wages, commissions, bonuses, tips	\$63,060.00	☐ Wages, commissi bonuses, tips	ons,	
				☐ Operating a business		☐ Operating a busin	ess	
	Include include and other winnings. List each s	come regard public bene If you are fil	fless of wheth fit payments; ing a joint cas the gross inco	e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat	imples of other income are all est; dividends; money collect ou received together, list it or	ed from lawsuits; royali nly once under Debtor	ties; and	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.		Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Pa	vments You	Made Before You Filed for I	,			
6.	Are either □ No.	Neither Dindividual During the No. Yes	ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below e paid that cr not include	s debts primarily consumer bettor 2 has primarily consumer personal, family, or household re you filed for bankruptcy, die ach creditor to whom you paideditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years	mer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in ts for domestic support obligations bankruptcy case.	of \$6,425* or more? none or more payment ations, such as child su	s and th	e total amount you
	Yes.			r both have primarily consu re you filed for bankruptcy, did		of \$600 or more?		
		■ No.	Go to line 7					
		□ Yes	include pay	each creditor to whom you paid ments for domestic support of this bankruptcy case.				
	Creditor'	s Name an	d Address	Dates of navme	nt Total amount	Amount vou Wa	s this n	avment for

paid

still owe

Case 16-25266 Doc 1 Filed 08/05/16 Entered 08/05/16 15:42:30 Desc Main Document Page 35 of 56 ase number (if known) Debtor 1 Kimberly C Crump Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Capital One Bank (USA) N.A. Garnishment 21 Judical Circuit, St. Louis Pending County VS □ On appeal Kimberly C Crump Office of the Circuit Clerk □ Concluded 11SL-AC38322 PO Box 16994 Saint Louis, MO 63105-6994 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Nο

☐ Yes

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Case number (if known) Document Debtor 1 Kimberly C Crump

Pai	t 5: List Certain Gifts and Contributions				
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ptcy, did you give any gifts with a total value of more t	han \$600 per person	?	
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value	
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co	ptcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?	
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	·	Dates you contributed	Value	
Pai	tt 6: List Certain Losses				
 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of the or gambling? ■ No □ Yes. Fill in the details. 					
	how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost	
Pai	t 7: List Certain Payments or Transfers				
16.	consulted about seeking bankruptcy or p	tcy, did you or anyone else acting on your behalf pay or reparing a bankruptcy petition? eparers, or credit counseling agencies for services require		rty to anyone you	
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of any property transferred	Date payment or transfer was made	Amount of payment	
	Bentz Holguin Law Firm 100 N. LaSalle, Suite 812 Chicago, IL 60602	Legal Fees	7/27/16	\$400.00	
	Summit Credit Counseling 4800 E Flowers Street Tucson, AZ 85712	Credit Counseling	7/27/16	\$9.95	
	Bentz Holguin Law Firm 100 N. LaSalle, Suite 812 Chicago, IL 60602 Hyatt Legal Plan	Attorney Fee from Hyatt Legal Plan paid to Bentz Holguin Law Firm LLC. \$900.00	8/5/16	\$900.00	

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Debtor 1 **Kimberly C Crump**

17.	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y	tors or to make payments			erty to anyone who	
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and v transferred	alue of any propert	y Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers r include gifts and transfers that you have alreated No Yes. Fill in the details.	business or financial affa made as security (such as t	nirs? he granting of a secu			
	Person Who Received Transfer Address	Description and v property transferr	ed	Describe any property or payments received or debts paid in exchange	Date transfer was made	
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.					
	Name of trust	Description and v	alue of the property	y transferred	Date Transfer was	
					illaue	
Par	8: List of Certain Financial Accounts, I	nstruments, Safe Deposit	Boxes, and Storag	e Units		
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assements.	or other financial accour	nts; certificates of d			
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account o instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 cash, or other valuables? No	l year before you filed for	bankruptcy, any sa	afe deposit box or other depo	sitory for securities,	
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		scribe the contents	Do you still have it?	
22.	Have you stored property in a storage unit	t or place other than your	home within 1 year	r before you filed for bankrup	cy?	
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		scribe the contents	Do you still have it?	
		•				

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Debtor 1 Kimberly C Crump

Par	t 9: Identify Property You Hold or Control for S	Someone Else				
23.	23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.					
	■ No					
	Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe	the property	Value	
Par	t 10: Give Details About Environmental Informa	tion				
For	the purpose of Part 10, the following definitions a	apply:				
	Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these sub-	r, land, soil, surface water, ground				
-	Site means any location, facility, or property as to own, operate, or utilize it, including disposal s	sites.	·	•		
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or si		s waste, ha	azardous substance, toxic	substance,	
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of wher	they occ	urred.		
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or i	in violation of an environm	ental law?	
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		onmental law, if you it	Date of notice	
25.	Have you notified any governmental unit of any release of hazardous material?					
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		onmental law, if you it	Date of notice	
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.					
	■ No					
	Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of	f the case	Status of the case	
Par	t 11: Give Details About Your Business or Conn					
27.	Within 4 years before you filed for bankruptcy, d	id vou own a business or have ar	v of the fo	ollowing connections to an	v business?	
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time					
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)					
	☐ A partner in a partnership	, , , , , , , , , , , , , , , , , , , ,	/			
	☐ An officer, director, or managing executive of a corporation					
	☐ An owner of at least 5% of the voting or equity securities of a corporation					

Page 39 of 56 Case number (if known) Document Debtor 1 Kimberly C Crump No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kimberly C Crump Signature of Debtor 2 Kimberly C Crump Signature of Debtor 1 Date August 5, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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■ No

☐ Yes. Name of Person

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First Name Middle 1 Debtor 2	ame Last Name	
Spouse if, filing) First Name Middle N	lame Last Name	
	N DISTRICT OF ILLINOIS	
Case number		
f known)		Check if this amended filir

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Regional Acceptance Co name:	☐ Surrender the property. ☐ Retain the property and redeem it.	■ No
Description of property securing debt: 2016 Chevrolet Cruze 6200 miles	 ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
Creditor's Silverleaf Resorts Inc.	■ Surrender the property.	■ No
Description of property securing debt: Description of property securing debt: Silver Lead Resorts 8505 W Irlo Bronson Memorial Hwy Kissimmee, FL 34747 Osceola County	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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Debtor 1 Kimberly C Crump	Case number (if known)
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease.	about any property of my estate that secures a debt and any personal
X /s/ Kimberly C Crump	X
Kimberly C Crump Signature of Debtor 1	Signature of Debtor 2
Date August 5, 2016	Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-25266 Doc 1 Filed 08/05/16 Entered 08/05/16 15:42:30 Desc Main Document Page 46 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In 1	re Kimberly C Crump		Case No		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR I	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptc	y, or agreed to be pa	id to me, for services rend	lered or to
	For legal services, I have agreed to accept		\$	1,300.00	
	Prior to the filing of this statement I have received			1,300.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	☐ Debtor ☐ Other (specify): Hyatt L	egal Plan to pay \$900, D	ebtor Paid 400.00	toward filing fee, and	l cost.
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.				
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name				v firm. A
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
	a. Analysis of the debtor's financial situation, and renderb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of creditord. [Other provisions as needed]	ement of affairs and plan whi	ch may be required;		ptcy;
6.	By agreement with the debtor(s), the above-disclosed fee	does not include the following	ng service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement f	or payment to me fo	representation of the deb	otor(s) in
	August 5, 2016	/s/ Jessica Bent	z Holguin		
_	Date	Signature of Attor. Bentz Holguin I 100 North LaSa Suite 812 Chicago, IL 606 312.881.5112	aw Firm, LLC lle Street	1	_

Main Office Location.
100 N. LaSalle Street, Suite 812
Chicago, Illinois 60602
Ph. 312.881.5112

Fax: 312.881.5131

LEGAL SERVICES CONTRACT FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of BENTZ HOLGUIN LAW FIRM, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation **DOES NOT INCLUDE** defending my interests in any adversary proceeding filed against me, representing my interests at a 2004 examination, nor does this representation cover state court proceedings or criminal litigation.

(\$129 total) to represent my interests in the preparation and filing of my Chapter 7 Petition and Schedules; preparation and attendance of the Section 341 Meeting of Creditors; review of any redemption agreements; review of any reaffirmation agreements; and case administration and monitoring. I further understand and agree that additional professional legal services will result in fees that are due BENTZ HOLGUIN LAW FIRM, LLC. Some of the additional services and fees are as follows:

The attorney fees stated above do not include representation in any:

- Post-petition motion;
- Dischargeability action;
- Judicial Lien avoidance;
- Relief form stay action;
- Trustee Audits; or
- Any adversary proceedings.

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As BENTZ HOLGUIN LAW FIRM, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to BENTZ HOLGUIN LAW FIRM, LLC. Any fees owing to BENTZ HOLGUIN LAW FIRM, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by BENTZ HOLGUIN LAW FIRM, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by BENTZ HOLGUIN LAW FIRM, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, BENTZ HOLGUIN LAW FIRM, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to BENTZ HOLGUIN LAW FIRM, LLC as part of this advance payment retainer shall immediately become the property of BENTZ HOLGUIN LAW FIRM, LLC in exchange for a commitment by BENTZ HOLGUIN LAW FIRM, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by BENTZ HOLGUIN LAW FIRM, LLC and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my

property as security for future services. However, BENTZ HOLGUIN LAW FIRM, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy case requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. I further understand that the benefit that I am receiving under this fee arrangement is the commitment of BENTZ HOLGUIN LAW FIRM, LLC to perform any and all work reasonably necessary to file my case absent any extraordinary circumstances.

As BENTZ HOLGUIN LAW FIRM, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with BENTZ HOLGUIN LAW FIRM, LLC. This includes, but is not limited to, providing BENTZ HOLGUIN LAW FIRM, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that BENTZ HOLGUIN LAW FIRM, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.*

I also understand that, if I am re-filing a case with BENTZ HOLGUIN LAW FIRM, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed, any initial funds I pay to re-file will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this contract including but not limited to court costs and attorney fees.

CHAPTER 7 DISCLAIMERS

- I understand that BENTZ HOLGUIN LAW FIRM, LLC has pulled a credit report, but that said credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to BENTZ HOLGUIN LAW FIRM, LLC to list in my bankruptcy. I further understand that should I wish to add/amend my list of creditors after the case is filed, there is a \$150.00 amendment fee.
- 2. In the event of a payment plan with my attorney for services rendered, I agree that all payments for the Attorney fees shall be made on the scheduled date per the payment plan entered for legal services. In the event of a defaulted payment failure to reschedule a new date of payment within 48 hours will result in full payment for the balance owed prior to the voluntary petition being filed.
- 3. In the event of a defaulted or requested delay in a payment after the date of filing, I agree to an additional fee of \$150.00. Furthermore, I agree to reschedule the defaulted or postponed payment within no more than ten (10) business days from the original contractual pay date.
- 4. I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to BENTZ HOLGUIN LAW FIRM, LLC all my debts, sources of income, assets, personal property, real estate, transfers of real estate or any property over the past 4 years, and all expenses I have.
- 5. I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. That at this meeting I will bring my driver's license or State ID, my social security card, and a recent pay stub if I am working. That failure of me to attend this meeting is grounds for my case to be dismissed. I also understand that failure to bring said requested documents to the meeting could be grounds for the meeting to not be held. I understand that if I fail to provide my attorney at least forty-eight hour (48) prior notice that I cannot attend my first scheduled 341 meeting of creditors, that I will be responsible for paying an additional fee to reschedule the meeting in the amount of \$150.00 to my attorney.
- 6. I understand and agree to complete my 2nd credit counseling exit course within 45 days of my original 341 meeting date, and submit a copy of the certificate showing I completed this to my attorney. I also understand that failure to complete this 2nd course and submit it to my attorney can be grounds to have my case close without a discharge. I understand that if my case closes without a discharge, that additional fees would have to be paid to BENTZ HOLGUIN LAW FIRM, LLC to re-open my case to file the 2nd credit-counseling course. I understand that I must contact one of the Chapter 7 attorneys to confirm receipt of the certificate.

- 7. If I have a garnishment coming out of my paycheck, I agree and understand that it is my responsibility to provide to my payroll department with proof of my bankruptcy to stop wage garnishments. It is also my responsibility to contact the garnishing creditor and provide them with proof of filing.
- 8. If a garnishment or voluntary deduction is coming out of my bank account, I agree that it is my responsibility to contact my bank to stop said deduction or garnishment by providing proof of bankruptcy, or requesting my bank to close my account and open a new account.
- 9. I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.
- 10. I understand that the Trustee may request that I provide some or all of tax refunds to be distributed to my creditors through the Bankruptcy Estate. Furthermore, I understand failure to tender my tax refunds to the Trustee after a request to do so, is grounds for a denial or reversal of a Discharge order.
- 11. I agree that I authorized BENTZ HOLGUIN LAW FIRM, LLC to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.
- 12. I understand that failure to tender the requested documentation necessary to build the petition to BENTZ HOLGUIN LAW FIRM, LLC which includes but is not limited to: signed contract, declaration of filing if applicable, intake form, taxes for the two years prior to filing, and pay stubs for the 6 months prior to filing as well as two months of bank statements if applicable, within 90 days of the entry of this contract will result in the closure of my case as inactive and representation terminated. I understand that in order for my representation to resume, I must provide my attorney an additional \$350.00 fee.
- 13. I agree and understand that Legal Representation is terminated upon receipt of my Discharge Order.
- 14. I understand that I am entitled to one (1) copy of my Discharge Order from my Attorney. Should I require additional copies of my Discharge Order, there is a \$50.00 fee for each additional copy of the Discharge Order.
- 15. I understand that the entire firm of BENTZ HOLGUIN LAW FIRM, LLC represents me and that while a different attorney might have counseled me and prepared my case that once my case is filed, one of the attorneys at BENTZ HOLGUIN LAW FIRM, LLC will be assigned as my attorney for the remainder of my case.
- 16. I understand that any assets, real property, cash, expected tax refunds, or personal property that has equity which cannot be exempted is subject to liquidation by the Chapter 7 Trustee.
- 17. I understand that if I have any secured debt which I wish to keep such as mortgagees), automobiles, home equity loan(s), etc, that my creditor(s) have to offer me a reaffirmation agreement, which must be signed and filed with the court before my case discharges. I also understand that for my creditor(s) to offer me a reaffirmation agreement I on my monthly payment. I also understand that a reaffirmation agreement is solely offered at the discretion of the creditor and even if I am current a reaffirmation agreement still may not be offered to me.
- 18. I understand that even if I am current on my car note(s), if I do not have a reaffirmation agreement(s) offered to me by my automobile finance company(s), that I may not be able to keep my vehicle and it can be repossessed.
- 19. I understand that it is my responsibility to make sure that the creditor actually gets the reaffirmation to my attorney and my responsibility to make sure the reaffirmation agreement is timely filed before my discharge.
- 20. I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest.
- 21. I understand that, once effective, any reaffirmation agreement that I sign will then make the debt survive bankruptcy and be non-dischargeable.

- 22. I understand that the scope of representation from BENTZ HOLGUIN LAW FIRM, LLC does not extend to credit repair.
- 23. I understand that if I have made any recent credit card transactions, cash advances, or incurred loans during the 3 month period prior to my bankruptcy, that particular creditor may bring an adversary lawsuit against me in bankruptcy court. An adversary is a lawsuit in which a creditor asks the court to make a certain debt non-dischargeable. I understand that if I want BENTZ HOLGUIN LAW FIRM, LLC to represent me in an adversary I must pay additional attorney's fees.
- 24. I understand that either party may terminate representation prior to or after filing the Bankruptcy by providing written notification of the intent to terminate such representation. I further understand that the BENTZ HOLGUIN LAW FIRM, LLC is entitled to any fees, pro-rated, based on the amount of work completed up to the date the intent to terminate is received by the terminated party. The pro-rated fee for work completed \$250.00 per hour.
- 25. I have disclosed all prior bankruptcies that I have filed in the last eight (8) years. I further understand that if I have filed a Chapter 7 bankruptcy in the last eight (8) years, I am not eligible to file a Chapter 7 right now.
- 26. I understand that the scope of representation from BENTZ HOLGUIN LAW FIRM, LLC does not extend to representing me in a 2004 examination. That if representation in a 2004 examination is needed, that I would need to separately retain BENTZ HOLGUIN LAW FIRM, LLC; this will require paying additional attorney fees.
- 27. I understand to be eligible for a Chapter 7, that I cannot have any disposable income after paying all my monthly expenses, and I also have to pass the BC22 test, and that if I do have a significant amount of disposable income available or I fail the BC22 test that I may be ineligible for a Chapter 7.
- 28. I understand that if I do have any disposable income and we attempt to rebut the presumption, the United States Trustee may deem my case an abuse and I may have to convert to a Chapter 13 or let my case be dismissed.
- 29. I understand and acknowledge that when I surrender a property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale and I must keep up the property insurance and maintenance of said property until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines. Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by BENTZ HOLGUIN LAW FIRM, LLC or an agent thereof.

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* DISCLAIMER*

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact this creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially important if you are at risk of having you vehicle repossessed, real estate foreclosed, or wages garnished.

You are notified:

- 1. All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful.
- 2. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value of the property at the date of filing the petition, without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family, or household use, replacement value means the price a retail merchant would charge for property of that kind, considering the age and condition of the property.
- 3. The following information, which appears on Official Form 22, Statement of Current Monthly Income, is required to be stated after reasonable inquiry: current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).
- 4. Information that you provide during your case may be audited pursuant to provisions of the Bankruptcy Code. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST.

Ask to see the contract before you hire anyone. The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

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DATE

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Please sign below to acknowledge that you have read and understood the disclosures set forth in this document entitled "Section 527 Disclosured"

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United States Bankruptcy Court Northern District of Illinois

In re	Kimberly C Crump		Case No.	
		Debtor(s)	Chapter 7	
	VE	CRIFICATION OF CREDITOR MA	ATRIX	
		Number of C	Creditors:	14
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credito	rs is true and correct to	the best of my
Date:	August 5, 2016	/s/ Kimberly C Crump Kimberly C Crump Signature of Debtor		

Advocate Medical Group PO Box 92523 Chicago, IL 60675-2523

Capital One Bank C/O Kramer & Frank PC 9300 Dielman Industrial Dr. Saint Louis, MO 63132

CCS, Payment Processing Center 27 PO Box 55126 Boston, MA 02205

Cda/Pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364

City of Chicago Department of Finance PO Box 88292 Chicago, IL 60680

Dental Experts LLC - Blue Island 12200 S Western Ave, Ste 108 Blue Island, IL 60406

Dwight D Eisenhower High School 12700 S Sacramento Ave. Blue Island, IL 60406

Engelberg Law Group LLC 1 North LaSalle Street, Suite 650 Chicago, IL 60602

Malcom S Gerald & Assoc., Inc. 332 South Michigan Ave Suite 600 Chicago, IL 60604-4318

Metrosouth Medical Center 12935 S Gregory Blue Island, IL 60406-2428 Regional Acceptance Co Attn: Bankruptcy 266 Beacon Ave Winterville, NC 28590

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Tim Lynch 2733 Walnut Blue Island, IL 60406